



# Unintended Pregnancy Fact Sheet Wyoming, 2012-2015

Wyoming Department of Health

2018

## Unintended Pregnancy

### Fast Facts:

Data from 2012 - 2015 report that about one third (31%) of births in Wyoming during this period were the result of an unintended pregnancy.

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Unintended pregnancy cost US taxpayers \$ 21 billion in 2010. In Wyoming (2010), an estimated \$ 21.3 million could have been saved if all pregnancies during that period were intended.<sup>2</sup>

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Negative health behaviors are associated with unintended pregnancy including delayed prenatal care, a reduction of breastfeeding initiation, and smoking during pregnancy.<sup>3</sup>

Unintended pregnancy is defined by the Centers for Disease Control and Prevention (CDC) as a mistimed, unplanned, or unwanted pregnancy at the time of conception.<sup>1</sup>

The Guttmacher Institute estimates that in 2010, unintended pregnancy cost US tax payers \$ 21 billion dollars, or \$ 336 per women age 15-44, in the country. In Wyoming, the total cost (2010) was estimated to be \$ 21.3 million, or \$ 519 per woman.<sup>2</sup>

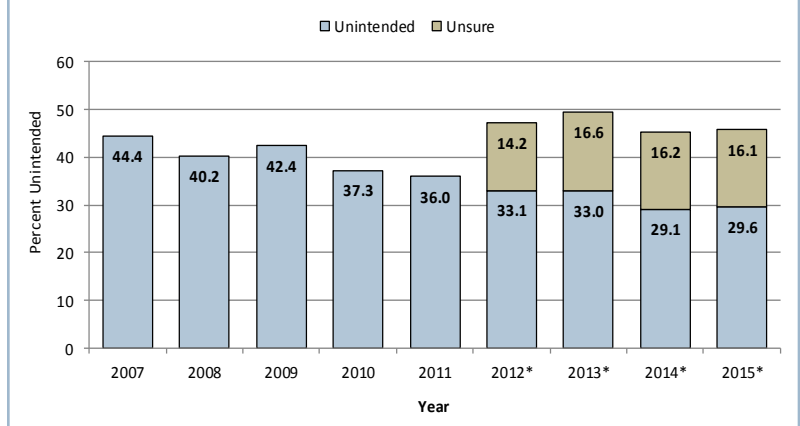
The Healthy People 2020 target<sup>3</sup> for the nation is to increase the proportion of pregnancies that are intended from 51.0% (2002) to 56.0% (2020).

### Unintended Pregnancies in Wyoming

PRAMS aggregate data from 2012 - 2015 show that 31.2% of live births in Wyoming were the result of *unintended pregnancies* and 15.8% of women indicated that they were *not sure what they wanted*. No significant difference was observed across the 4-year span for either response (Figure 1).

PRAMS data includes only live births and does not include deliveries to women who had a miscarriage, a fetal death, or who chose to have an abortion.

Figure 1. Proportion of pregnancies that were unintended among Wyoming women. WY PRAMS 2007-2015\*



\* In 2012, the WY PRAMS survey question regarding pregnancy intendedness added the option "Unsure". Data from 2007-2012 are not comparable to data from 2012 and later.

### Maternal Characteristics<sup>4</sup>

A number of characteristics are associated with unintended pregnancies on the national level. Analysis of Wyoming PRAMS data confirmed that these characteristics were also associated with unintended births in Wyoming.

Women more often report that their pregnancy is unintended if they are:

- Young (<20 years)
- From a racial minority group
- Nulliparous (never given birth)
- Unmarried
- Have ≤ 12 years of education
- Enrolled in WIC and/or Medicaid during their pregnancy

### CDC Recommendations<sup>1</sup>

The CDC recommends women of reproductive age prevent unintended pregnancy by:

- Discussing pregnancy with their health care provider
- Using effective contraception correctly

Unplanned pregnancies are associated with increased health risks for both the mother and the infant. To mitigate some of these negative outcomes, the CDC recommends all women of reproductive age engage in preconception health including:

- Taking folic acid daily
- Maintaining a healthy diet and weight
- Being physically active
- Quitting tobacco use
- No alcohol and drug use

# Health Behaviors and Unintended Pregnancy

Unintended pregnancy is associated with a variety of negative health behaviors. Compared to women who intended to become pregnant, women who have an unintended pregnancy are less likely to:

- Initiate breastfeeding
- Take folic acid or multivitamins prior to pregnancy
- Receive prenatal care during the first trimester
- Abstain from smoking during pregnancy

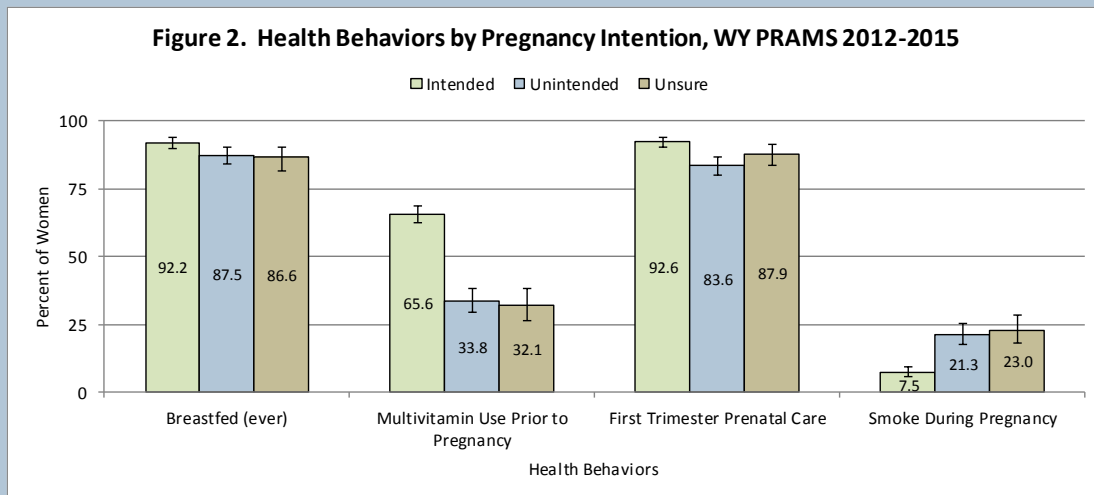
Long-term consequences for children include low birth weight and birth defects.<sup>1</sup> Children may also have lower developmental scores and experience poorer mental and physical health later in life.<sup>5</sup>

## Wyoming Data

Similar associations between intended and unintended pregnancies and health behaviors were observed in Wyoming (Figure 2, below).

Women who had an unintended pregnancy were *less likely* to initiate breastfeeding (87.5% v. 92.2%), use a multivitamin prior to pregnancy (33.8% v. 65.6%), or begin prenatal care in the first trimester (83.6% v. 92.6%) as compared to those with an intended pregnancy.

They were also *more likely* to smoke during their pregnancy (21.3% v. 7.5%) when compared to women with intended births.



## What is PRAMS?

The Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). Wyoming PRAMS collects Wyoming-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity.

To learn more about Wyoming PRAMS, visit our website:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/>



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## References:

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2. Sonfield A and Kost K. (2015). Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010. New York: Guttmacher Institute, 2015.
3. Office of Disease Prevention and Health Promotion. Healthy People 2020. Accessed 01/30/2018 at <https://www.healthypeople.gov/2020/topics-objectives>
4. Finer LB and Zolna MR. (2011). Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception*. 84(5):478-485.
5. de La Rochebrochard E and Joshi H. (2013). Children Born After Unplanned Pregnancies and Cognitive Development at 3 Years: Social Differentials in the United Kingdom Millennium Cohort, 2013. *American Journal of Epidemiology*. 178(6):910-920.